

AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT

SECTION A — COMPANY IDENTIFICATION

OFFICIAL USE ONLY

SECTION B — EMPLOYMENT DATA

The data below shall NOT be included in the figures for the appropriate categories above

SECTION C — SIGNATURE AND IDENTIFICATION

17. NAME OF PERSON COMPLETING FORM (Print or Type) (CONTRACTOR EEO OFFICER)		SIGNATURE		TITLE	DATE MO. DAY YEAR		
18. ADDRESS (NO. & STREET)		(CITY)	(STATE)	(ZIP CODE)	PHONE (AREA CODE, NO., EXTENSION)		

**WHITE - AFFIRMATIVE ACTION OFFICE; CANARY - AFFIRMATIVE ACTION OFFICE DP;
PINK - PUBLIC AGENCY; GOLD - CONTRACTOR**